

**[DISTRICT NAME] PUBLIC SCHOOLS
NOTICE OF PLANNING AND PLACEMENT TEAM MEETING**

Date: _____

(Name of Parent/Guardian or Student)

(Street Address)

(City/Town) (State) (Zip Code)

Dear _____

Please be advised that a Planning and Placement Team (PPT) meeting will be convened on behalf of:
_____, _____
(Student's Name) (DOB)

Date: _____ **Time:** _____ **Location:** _____

The purpose of this meeting is to: (check all that apply)

- ☐ discuss a referral to special education and consider/plan an evaluation
- ☐ review evaluation results and determine eligibility for special education
- ☐ develop, review or revise the IEP
- ☐ conduct an Annual Review
- ☐ consider transition needs/services – student will be invited to attend the meeting and: **(check all items below that apply)**
 - ☐ transition goals and objectives in the IEP will be developed/reviewed/revised (required at the annual review following a student's 15th birthday or sooner, if appropriate)
 - ☐ the agency representative(s) listed below will be invited to attend to assist in transition planning
- ☐ plan a reevaluation to determine continuing eligibility for special education and related services
- ☐ review reevaluation results to determine continuing eligibility for special education and related services
- ☐ conduct a Manifestation Determination
- ☐ other: (specify) _____

The following individuals have been invited to attend:

_____ Administrator	_____ Name and Title
_____ Student's Reg. Ed. Teacher	_____ Name and Title
_____ Special Education Teacher	_____ Name and Title
_____ Student	_____ Name and Title
_____ Name and Title	_____ Name and Title

Parent participation in this process is very important. Please make every effort to attend this meeting. You may bring any other individuals to the meeting, including those who have knowledge or special expertise regarding your daughter/son. The meeting may be rescheduled at a mutually agreed upon time and place.

If you have any questions or wish to reschedule the meeting please contact me at _____
(Telephone No.)

Sincerely,

(Name and Title)

- ☐ A copy of the Procedural Safeguards in Special Education is enclosed.
- ☐ A copy of the Procedural Safeguards in Special Education was provided to you previously this school year. If you would like another copy of the Procedural Safeguards please contact _____
(Name)

- ☐ A copy of this notice has been sent to the parent(s). (This is required if rights under IDEA have been transferred to the student at age 18. When rights transfer, meeting notices must be sent to the student with a copy to the parents.)